24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
House Majority PAC	C C00495028
	6 000-10020
Check if 24-hour report 48-hour report New report Amends report filed	d on M M M / D D / Y Y Y Y Y Y
Full Name of Payee AMS Communications, Inc.	Date of Public Distribution/Dissemination
· ·	11 03 / Y Y Y Y Y
Mailing Address 500 Sansome St	Amount
Ste 404	, undure
City State Zip Code	3576.67
San Francisco CA 94111-3218	Transaction ID : VN7GDA0CGP0 Date of Disbursement or Obligation
Purpose of Expenditure Direct Mail - Estimate Category/ Type	M = M / D = D / Y = Y = Y
Name of Federal Candidate Support Offic	ee Sought: X House District: 02
Bruce L. Poliquin Oppose	President Senate State: ME
Calendar Year-To-Date Per Election for Office Sought Disb. 2016	oursement For: X Primary General Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
Ralston Lapp Media	11 02 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1054 31st St NW	11 02 2013
Ste 430	Amount
City State Zip Code	9777.52
Washington DC 20007-6042	Transaction ID : VN7GDA09BQ3 Date of Disbursement or Obligation
Purpose of Expenditure Media Production Costs - Estimate Category/ Type	M = M / D = D / Y = Y = Y
Name of Federal Candidate Support Office	ce Sought: House District: 01
Lee M. Zeldin Oppose	President Senate State: NY
Calendar Year-To-Date Per Election for Office Sought Disk 201	
	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	13354.19
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not me with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	•
· Bato	11 04 2015
Signature	

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

		FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼	
House Majority PAC		C C00495028	
Check if 24-hour report X 48-hour report New report	Amends report filed on	*M / D * D / Y * Y * Y * Y	
Full Name of Payee	Date of	of Public Distribution/Dissemination	
Rising Tide Interactive		11 02 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Mailing Address 1250 H St NW Ste 400	Amou	nt	
City State Zip C	Codo	9350.88	
	05-5903 Trans	action ID : VN7GDA09BR1 of Disbursement or Obligation	
Purpose of Expenditure Online Advertising - Estimate Cat	egory/ Type	M / D D / Y Y Y Y	
Name of Federal Candidate	Support Office Sough	t: X House District: 01	
Lee M. Zeldin	Oppose Preside	ent Senate State: NY	
Calendar Year-To-Date Per Election for Office Sought 5237	Disbursemen 2016	t For:	
Full Name of Payee		of Public Distribution/Dissemination	
Waterfront Strategies	Date	11 02 2015	
Mailing Address 3050 K St NW	Amou		
Ste 100		 	
City State Zip 0		26234.25	
		action ID: VN7GDA089J1 of Disbursement or Obligation	
Purpose of Expenditure Television Advertising Cat	egory/ Type		
Name of Federal Candidate	Support Office Sough	nt: X House District: 02	
Bruce L. Poliquin	Oppose Preside	ent Senate State: ME	
Calendar Year-To-Date Per Election for Office Sought 7	1432.01 Disbursemer 2016	nt For: X Primary General Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures	······································	35585.13	
(b) SUBTOTAL of Unitemized Independent Expenditures		7 1 7 1 7	
(c) TOTAL Independent Expenditures	· .	7	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Alixandria Lapp [Electronically 1	Filed] Date 11	04 2015	
Signature	24.0		

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Schedule E)	•	PAGE 3 OF 3 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
House Majority PAC		C C00495028
		0 000100020
Check if 24-hour report X 48-hour report New report	Amends report filed on	M = M / D = D / Y = Y = Y
Full Name of Payee Waterfront Strategies	_	of Public Distribution/Dissemination
<u> </u>		11 02 2015
Mailing Address 3050 K St NW Ste 100	Amou	unt
City State Zip Code		33250.00
Washington DC 20007-5	108 Trans	saction ID : VN7GDA089K9 of Disbursement or Obligation
Purpose of Expenditure Television Advertising Categor Ty	ry/	M = M / D = D / Y = Y = Y
Name of Federal Candidate	Support Office Sough	ht: X House District: 01
Lee M. Zeldin	Oppose Presid	NIV
Calendar Year-To-Date Per Election for Office Sought 52378.40	Disbursemer 2016	nt For:
Full Name of Payee	'	of Public Distribution/Dissemination
	_	M = M / D = D / Y = Y = Y
Mailing Address	L	
	Amou	unt
City State Zip Code	9	
	Date	of Disbursement or Obligation
Purpose of Expenditure Categor	ry/	M = M / D = D / Y = Y = Y
Name of Federal Candidate	Support Office Soug	ht: House District:
	Oppose Presid	
Calendar Year-To-Date	Disburseme	nt For: Primary General
Per Election for Office Sought		Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	······	33250.00
(b) SUBTOTAL of Unitemized Independent Expenditures		17117117
(c) TOTAL Independent Expenditures	· [82189.32
Under penalty of perjury I certify that the independent expenditures reported with, or at the request or suggestion of, any candidate or authorized committee party committee) any political party committee or its agent.		
Alixandria Lapp [Electronically Filed	dJ Date 11	04 2015
Signature		